



Preliminary Local Plan for Indigent Behavioral Health Services

Request for Preliminary Agreement with HHSC and DSHS

Pursuant to the Report and Decisions of the
Sunset Advisory Commission Study of HHSC

Collin County, Texas

To Be Submitted

March 3, 2015

This document is an application to the State of Texas in keeping with the directions of the Sunset Advisory Commission staff report of December 2014 regarding Issue 9. The Collin County Commissioners Court has identified both strengths and limitations in the existing behavioral health services system. This preliminary plan addresses how a new Local Mental Health Authority would build on existing strengths and address critical gaps in services, and assures that the proposed LMHA will fulfill all requirements of applicable state, local and federal regulations.

Table of Contents

<u>Subject</u>	<u>Page</u>
Executive Summary	i
I. Applicant Organization	1
A. Status as a public entity	1
B. Overall intent to integrate health and behavioral health services	1
II. Proposed Organizational Structure	1
III. Planning Process	1
Meetings and Participants	1
IV. Time Lines for Implementation	2
V. Services Plan	2
A. Existing provider network	2
B. Minimum required services per statutory mandates	2
C. Overall approach to the Texas Resilience and Recovery Model	2
1. Priority Populations	3
2. Level of Care	3
D. Proposed New Structure of Services for Adults and Children	3 – 4
1. Outpatient Services	4
a) Mental Health	4
b) Substance Abuse	4
2. Crisis services	4 - 5
3. Inpatient services	5
4. Special population services	5
E. Access to care/consumer choice	5
F. Local provider network	6
G. Integrated health and behavioral health services	6
VI. Authority - Provider Structure and Function	6
A. Anticipated structure	6
B. Functions	6
C. Local matching funds	7
D. Planning and Network Advisory Committees	7
E. Utilization Management	7
F. Reporting (Performance, Financial, Outcomes)	7 -8

VII. Anticipated Transition Process	8
A. Formulating partnerships	8
B. Negotiating contracts for services	8 – 9
C. Utilization Management systems	9
D. Challenges and Opportunities	9
VIII. Assurances and Endorsements	10
A. Compliance with requirement that providers serve both indigent and Medicaid populations	10
B. Compliance with State methodology for quantitative goals (persons served and performance measures)	10
C. Compliance with reporting	10
D. Compliance with other relevant State or Federal requirements	10
Core Transition Team	10
ATTACHMENTS	
1. County Commissioners Court Approval	
2. LifePath Systems Board of Trustees Approval	
3. Letters of working agreement	

EXECUTIVE SUMMARY

Collin County is a current member of the NorthSTAR program, with a representative of county government on the North Texas Behavioral Health Authority Board. ValueOptions of Texas, Inc. contracts directly with individual providers in Collin County. In this system, services have been increasingly centralized diminishing local control over how to most effectively and efficiently configure indigent behavioral health services. Individual proprietary contracts have clouded the transparency expected in a public system of care. A perhaps unintended consequence of this practice is lack of coordination among providers.

We believe that a separate Local Mental Health Authority (LMHA) and a fresh perspective on the provider network will empower our communities to create a more robust and accessible system. Therefore we are submitting this Preliminary Local Plan for Indigent Behavioral Health Services to communicate our desire and intent to establish a separate LMHA in Collin County. On February 9, 2015, the Collin County Commissioners Court nominated Collin County MHMR, dba LifePath Systems, as the proposed LMHA.

This preliminary plan addresses elements that the Texas Sunset Commission, Department of State Health Services and Health and Human Services Commission require regarding structure and function for indigent behavioral health services. In this plan, we have described how the proposed LMHA would be organized and how it would approach and perform authority functions for mental health and substance use disorders programs. The current organizational structure positions LifePath Systems to effectively and efficiently assume the role of the LMHA. The Collin County Commissioners Court will work with the LifePath Systems Board of Trustees to ensure its capacity for fostering an open access system of services, responsive to diverse community needs.

Collin County has an experienced Core Transition Team with county leadership and our consultants, and the planning process to develop a final plan by October 1, 2015, is already underway. We are convening stakeholders around common goals and interests to identify gaps and develop deeper services options for indigent clients. A workgroup with representatives from law enforcement and the county judicial system has been formed, and a planning team with advocates, families and consumers is being developed. All of these and any additional planning groups will share information and periodically participate in joint sessions. Current NorthSTAR provider network organizations are also working together to plan for and ensure a smooth transition out of NorthSTAR as of 1 October 2016.

Collin County's contribution of IGT funds to local Delivery System Reform Incentive Program (DSRIP) projects totals approximately \$2 million over five years, and LifePath Systems alone has a commitment of approximately \$19 million in DSRIP IGT over five years. The commissioners court has also allocated approximately \$1 million annually for local indigent care. Furthermore, although the contribution to the NorthSTAR program was discontinued, the county commissioners court is committed to invest a minimum local match of 9% of state general revenue in a Collin County indigent behavioral health system.

The overall goal of this Preliminary Local Plan for Indigent Behavioral Health Services is to communicate our vision of a new and re-designed system of behavioral health services and resources in Collin County that includes effective partnerships to achieve optimum outcomes and efficiencies. This new system of care will adhere to all state policies, procedures, rules and regulations such as the Texas Resilience and Recovery model, priority population definitions, and contractual performance measures.

The preliminary plan has been approved by the Commissioners Court and the Board of Trustees of the local community center, listed in Attachments 1 and 2. Letters indicating a willingness to work together toward a new LMHA structure in Collin County are under Attachment 3.

I. Applicant Organization

The current applicant organization is Collin County government. The Collin County Commissioners Court voted on February 9, 2015 to nominate LifePath as the proposed Local Mental Health Authority (LMHA) in Collin County. The commissioners court currently appoint members of the LifePath Board of Trustees (the Trustees).

A. Status as a public entity

Collin County MHMR, doing business as LifePath Systems (LifePath), is a public entity organized under the statutes that govern community mental health and mental retardation centers in the State of Texas.

B. Overall intent to integrate health and behavioral health services

Integration of behavioral health and primary care has begun through several 1115 Waiver projects in our Regional Healthcare Partnership 18. For example, LifePath has a clinic in Plano where primary care providers from UT Southwestern see priority population patients. Children's Health clinics in Collin County provide integrated behavioral health and primary care to indigent patients. The Collin County Adult Clinic system in Plano provides primary care to indigent patients, and would be an important provider to expand integration of care. The Collin County LMHA will encourage integrated care at all network provider clinics, through policies and contracts. Local integrated care programs will adhere to the state's goals and policies directed at improving the health status of the priority populations.

II. Proposed Organizational Structure

LifePath Systems Board of Trustees would assume the role of the LMHA for Collin County. LifePath was created in 1986 as Collin County MHMR, and is the local authority for the state in Intellectual and Developmental Disabilities (IDD) services. Collin County and LifePath Trustees will review the membership together to ensure adequate and appropriate representation to conduct authority business, and clear lines of separation between authority and provider functions. This new local arrangement will restore transparency to the planning and contracting process and foster effective communications and coordination among network and other providers.

III. Planning Process – Meetings and Participants

Collin County has established a Core Transition Team listed on page 9, and several additional planning groups. Current planning groups include one with current NorthSTAR provider agencies in Collin County with plans to include other providers, and one with representatives from law enforcement and the county judicial system. A planning group of advocates, families and consumers is being developed, and additional planning teams will be established after the Preliminary Agreement is in place with DSHS and HHSC. These planning teams will have opportunities to work together and share information.

During January and February 2015, we collected preliminary quantitative data, qualitative input, and other fact-based materials to help shape this Preliminary Plan. The Transition Team is in communication with the LifePath Trustees, the Dallas Behavioral Health Leadership Team, ValueOptions of Texas, Inc. (VO), and other NorthSTAR stakeholders, and has established on-going communications with the HHSC and DSHS liaison team. We have held informational meetings with Bluebonnet Trails Community Services, MHMR of Tarrant County, the Texas Council of Community Centers, and other similar organizations.

On January 30, 2015 Collin County held a stakeholders' meeting with a widely distributed invitation. The meeting's goal was to share information and clarify planning time lines. Thirty-six participants, representing providers, consumers, families and advocates, law enforcement, and the judicial system, contributed to this Preliminary Plan. The draft Preliminary Plan was widely distributed for comments.

IV. Time Lines for Implementation

LifePath is the existing local authority for IDD, thus facilitating the transition to the role of the Collin County LMHA. There will be other authority functions for both mental health and substance abuse services management that will require time between now and September, 2015 to address more specifically than we are able to address them in this preliminary plan. The goal is to re-design the array of indigent care behavioral health services in Collin County for a locally accessible full continuum of mental health and substance abuse services. We expect to completely transition out of NorthSTAR as of 1 October 2016.

V. Services Plan

In this section of the plan we address what and how we will enhance and expand behavioral health services in Collin County. The goal of this preliminary plan is to describe how Collin County will build on existing behavioral health services system strengths and expand the services mix to be more responsive to local needs. An important focus of our future planning will be a redesign of essential services that are currently centralized in Dallas County. Another area of focus will be establishing services not currently available in Collin County in sufficient quantity including but not limited to jail diversion and post-release options, residential SUD options, disaster response services, intensive outpatient and partial hospitalization; inpatient; and substance abuse residential treatment.

A. Existing provider network

Collin County has four outstanding outpatient provider agencies that contract with VO: LifePath Systems, Child and Family Guidance Center, Adapt of Texas, and Life Management Resources. These four agencies have a presence in contiguous counties; thus have worked effectively with other systems of care. Specialty Network Providers (SPNs) in Dallas County, and providers in other continuous counties have Collin County enrollees/clients. Also, other smaller Collin County based providers have proprietary contracts with VO to serve Collin County residents. In the current system network providers have been competitive, thereby inhibiting collaboration and cooperation. However as we make progress in developing the final plan for indigent behavioral health services in Collin County, we will reach out to other local providers to include them in the planning process including for example, MedPro methadone clinics and Galaxy Counseling and multiple individual private practitioners. Providers of laboratory services, transportation, and other support services will also be contacted to explore agreements/contracts.

B. Minimum required services per statutory mandates

As the proposed LMHA, LifePath would ensure the provision of all required services according to Texas statutes and contracts. At a minimum the following is a brief list: Continuous accessible telephone service; Benefits screening and enrollment assistance; Outreach, screening, assessment and testing; Outpatient therapies, case management services, and rehabilitative services; Emergency, crisis, and respite care programs; Consumer peer-support programs; Inpatient services; and Medication-related services. Network providers will participate in and provide disaster services as needed, ensure continuity of care for persons released from hospitals, jails, and other restrictive settings, and ensure that all required SUD-related services are provided.

C. Overall approach to the Texas Resilience and Recovery (TRR) Model

The Collin County provider network will work within the TRR model as promulgated by the state, and adhere to the Utilization Management Guidelines for all populations for mental health and substance use services. Mechanisms will be in place to apply the clinical algorithms for assigning Level of Care, and to evaluate both cost and clinical outcomes and utilize these data for planning and decision making.

1. Priority Populations

As the LMHA, LifePath would ensure adherence to priority populations definitions across the provider network. The LMHA would ensure compliance with all guidelines for evaluating individuals who present for treatment to achieve a carefully derived diagnostic determination. Assessments are and will continue to be thorough and address every aspect of the individual's health including but not limited to evaluating health status, co-occurring psychiatric and SUD, social support resources, and financial resources. This ensures a comprehensive profile can be developed to address the whole person in the environment, thus guiding the approach to treatment.

2. Level of Care

Levels of Care (LOC) defined in the TRR UM guidelines for adults and for children and adolescents will facilitate a coordinated approach to services planning. UM monitoring processes will engage the provider network in common goals and promote consistent understanding of the mix and array of services across the system. In cooperation with the Department of State Health Services, the LMHA would monitor LOC deviations, complaints, and trends. Personnel will be trained in the application of LOC guidelines, and information will be readily available to consumers and advocates regarding these guidelines.

D. Proposed New Structure of Services for Adults and Children

In September 2009, Collin County commissioned a study that was completed in 2011. That study described expenditure and services utilization patterns relative to Collin County residents enrolled in the NorthSTAR program, and identified strengths and limitations of NorthSTAR vis-à-vis services in Collin County. From our initial assessment of data for calendar year 2014, those patterns, strengths and limitations have not changed.

Then and now, Collin County law enforcement depend heavily on the centralized 23 hour observation program at Green Oaks Hospital. Data indicate that there are inadequacies in the post-discharge referral mechanisms back to Collin County providers, and there are missed opportunities to prevent unnecessary use of the 23-hour program. A redesign of this system is needed as described in section 2 below.

Neither Crisis Redesign nor TCOOMMI funds through VO, were utilized in Collin County. Collin County acquired a competitive grant from the Texas Indigent Defense Commission for over \$300,000 in 2013 and renewed in 2014, for services for offenders with mental illness. The county commissioners recognize that pre-adjudication diversion and post-incarceration reintegration are two areas in need of strengthening and expanding. Enhancing and expanding care locally will fill critical gaps in community reintegration from hospitals and jails.

Regarding the overall need for behavioral health services in Collin County, scholarly published data are mixed on the prevalence and incidence of mental illness in the context of socioeconomic (SES) factors. Evidence does suggest however, that a downward drift in SES tends to occur following use of behavioral health services, and dependence on treatment location fosters residential clustering. Collin County leaders and stakeholders are interested in slowing the geographic drift to centralized services by increasing locally accessible resources throughout the county.

There are six broad areas of focus for system redesign, not in a priority order listed below.

1. Establish well-coordinated early detection and intervention/prevention programs for adults and child/adolescent populations;
2. Establish a full continuum of care including at a minimum, partial-hospitalization, intensive outpatient, supervised outpatient, and expanded intensive case management on a continuum, for adults and adolescents;
3. Re-design existing crisis response and intervention systems and prevent unnecessary use of inpatient/emergency departments for all ages;

4. Create a range of inpatient treatment options with improved discharge planning and aftercare for all populations;
5. Expand treatment options for substance use disorders including detoxification services, residential treatment, and treatment for co-occurring substance use and psychiatric disorders – for adults and adolescents;
6. Enhance and expand pre-adjudication, post-release, and community supervision programs for persons with mental illnesses – adults and adolescents.

1. Outpatient Services

a) *Mental Health*

The current outpatient mental health provider network for indigent care in Collin County is strong, but system gaps underscore the need for enhancement and expansion of that network. In addition to Child and Family Guidance and Adapt of Texas we will work with Metrocare and LifeNet Texas (the Skillman Clinic and the Bridge). Furthermore, there are a number of providers in Collin County that are not in the NorthSTAR program with whom we will connect in the upcoming planning process. The focus in this Preliminary Plan is on addressing gaps in the current system while continuing to provide current high quality programs.

In addressing mental health services priorities, specifically we can provide two examples of existing gaps that will be addressed. First, more Collin County residents were authorized to receive a higher level of care than originally recommended, at LifeNet and Metrocare than at LifePath. This suggests that more severe cases are being seen in Dallas County. Second, one approach to preventing unnecessary use of homeless services in Dallas is by providing supported housing and employment locally.

There are other specific services needing expansion, such as outpatient competency restoration, intensive outpatient and assertive community treatment and children's services, that will be addressed in more detail in the final plan. Administratively there are enhancements and expansions as well. For example, we will need to engage in health information exchange systems and create a centralized data bank for more effective continuity of care and crisis intervention.

b) *Substance Abuse*

Collin County has a limited array of SUD programs, for both single and co-occurring conditions. We expect to continue to work with Life Management Resources in Plano and Wyllie, and with Homeward Bound, Inc. in Dallas, for planning services contracts. Under the LMHA, resources would be solicited to expand local residential treatment and detox services. This will require close cooperation among our existing providers and engaging new providers for local access. Regarding the Outreach, Screening, Assessment and Referral functions, the LMHA will connect with Allen Community Outreach, Community Lifeline, and Assistance Center of Collin County and others currently involved in the Outreach, Screening, Assessment and Referral services (OSAR process), and coordinate other services with them.

2. Crisis services

Collin County has had limited access to crisis redesign funding through VO, and limited opportunity to participate in planning for crisis services for Collin County. A multi-layered crisis system will be an essential element of a new system. Adapt of Texas currently provides some crisis services that we would expect to continue, and yet there are other elements of an effective crisis management system that we need to enhance and expand.

Data indicate that over half of the Collin County admissions to the 23-hour observation service at HCA Green Oaks Hospital in Dallas were for persons with affective disorders, and just over 10% for thought disorders. Further, in calendar year 2014, approximately 1,470 individuals were admitted to that service from Collin County zip codes. Although data reflect 425 of these individuals were in the custody of law enforcement, these data need further examination and careful analysis to define current patterns of use. Our goal is to introduce programs that will prevent unnecessary use of this type of service through improved triage and referral, intensive case management and outpatient treatment options, and other interventions and prevention strategies.

Specifically we have already begun to consult with law enforcement and existing local hospitals including HCA Green Oaks leadership, in designing a multi-layered network of easily accessible crisis intervention, response, and management services. This multi-layered network will include for example, one or two facilities with medical and psychiatric personnel, for easy access by law enforcement and other first responders, immediate telephone response for pre-presentation consultations, rapid assessment of risks, clinical and social triage protocols for effective and immediate interventions and referrals, and mechanisms for intensive follow-up and review of outcomes.

3. Inpatient services

Inpatient services coordination will work in cooperation with the state hospital system and local inpatient programs. Local inpatient behavioral health services in Collin County for indigent patients are minimal at best. Patients hospitalized locally at the Green Oaks facility at the Wysong Campus are referred from Green Oaks in Dallas. Local NorthSTAR providers receive referrals for VO NorthSTAR patients but we do not have specific data at this time to inform our planning. Transicare handles referrals. For local inpatient care many organizations will be involved in the planning, both current and new potential providers. We will investigate existing programs such as Timberlawn, Green Oaks and other hospitals. We will also initiate discussions with local hospitals including Texas Health Presbyterian in Allen, Baylor Medical Center, and others with interest in providing psychiatric care.

State hospital beds will be managed through the new LMHA in a process that complies with all contract requirements. Preadmission screening and discharge procedures will be handled by the LMHA continuity of care division. LifePath currently performs Single Portal Authority (SPA) functions in cooperation with the Collin County Civil Mental Health Court. SPA functions will coordinate with the continuity of care division.

4. Special population services

Our local planning process will specifically examine and address gaps in services for persons considered as “special populations,” such as those charged with or convicted of criminal offenses, aging adults, adolescents transitioning to adult status, children and adolescents, and persons with co-occurring disorders including SUD and IDD with mental illness. Known gaps at this time are primarily in the areas of crisis interventions, discharge or release planning, wrap-around intensive case management, and access to social services and consumer benefits/advocacy programs.

E. Access to care/consumer choice

Data indicate that about 30% of NorthSTAR outpatient expenditures for Collin County residents were for services delivered by providers outside of this county, and it is also true that Collin County providers serve clients from other counties. Our plan will address how we will preserve client care arrangements under the new Authority system while planning for local resources to fill existing gaps, and make arrangements for future reciprocity. Our Collin County network will provide open access with quality management review processes. We will ensure consumer choice and advocacy according to all existing rules and regulations.

F. Local provider network

The current provider network agencies in Collin County are individually strong, but recognize the need for network expansion and enhancement. Current NorthSTAR providers and other new partners will work with us in the planning process to ensure the best array and mix of services to meet local needs through agreements and contracts. For future network expansion, the LMHA will provide consumers with choices of qualified providers to the maximum extent possible, using an “any willing provider model,” as long as those providers meet standards.

G. Integrated Health and Behavioral Health Services

Under the 1115 Waiver program in Regional Healthcare Partnership 18 (Collin, Grayson & Rockwall counties) LifePath and UT Southwestern are integrating primary care with behavioral health services in new clinics. This has provided with some real time insights into the health status of our behavioral health clients. As we plan the new local system of care in Collin County, our provider network will collaborate in identifying targeted health needs of our clients. At this time, we anticipate that health education and treatment for diabetes, hypertension, and nutrition may be among the top priorities for our population. Early intervention for persons at risk for developing disease conditions will be included in our plans for integrating health and behavioral health services. Further, we understand that the managed care organizations will be integrating behavioral health services into the management of primary care services. We will collaborate and coordinate with them in any initiatives addressing integrated care.

VI. Authority – Provider Structure and Function

LifePath Systems, as Collin County MHMR, is a public entity meeting criteria for designation as the Collin County LMHA, and serves as the current Authority for IDD services.

A. Anticipated structure

LifePath has been nominated by the Collin County Commissioners Court to be the LMHA for Collin County. As such, LifePath would meet all requirements of statute and of the Performance Contract Notebook and related documents. LifePath will establish an administrative structure that separates local authority and provider functions. Specifically, personnel performing authority functions at LifePath would report to a separate Authority Program Administrator under the overall direction of the Director of Behavioral Health. Services providers at LifePath would continue to be supervised by Program Administrators with responsibility for intake, outpatient Mental Health and SUD treatment services, crisis services, continuity of care, and peer services.

B. Functions

As described in the Performance Contract Notebook and related documents, the Authority will both perform and contract for specific Authority functions. These functions include but may not be limited to the following. Policy development/deployment and monitoring, local planning, development, allocation, and coordination of resources, local provider network development and management/training, credentialing and training personnel, claims processing and payments, managing access and coordinating services, consumer relations and rights protection, quality and utilization management and information systems design, utilization and security. As the LMHA, LifePath would serve as liaison for the service system with the community and the State, and manage the new generation medication program.

The LMHA will coordinate, maintain, update, monitor and timely submit the Consolidated Local Service and the Provider Network Development Plans to the state in compliance with Texas Administrative Code provisions.

C. Local matching funds

Collin County's contribution of IGT funds to DSRIP projects totals approximately \$2 million over five years. LifePath has a commitment of approximately \$19 million over five years. The commissioners court has allocated approximately \$1 million annually for indigent care. Furthermore, although the contribution to the NorthSTAR program was discontinued, the county commissioners court is committed to invest a minimum local match of 9% of state general revenue in a Collin County indigent behavioral health system.

Further, working together the community will also be able to secure additional local dollars for indigent behavioral health services. Also, LifePath has contracts with the Collin County judicial system, Child Protective Services, and other area grants. Funds acquired through the sliding fee scale will be reinvested in services.

D. Planning and Network Advisory Committees (PNAC)

According to the statutes, rules and regulations of the State of Texas, the Authority will establish a PNAC of at least nine members, 50% of whom will be clients or family members of clients including children or adolescent clients. PNAC members will receive training, information and support to fulfill their roles in the local planning and advisory activities. The Authority will engage the PNAC in the development of the Local Service Area Plan according to all guidelines and contractual agreements.

The PNAC will be responsible for offering independent advice to the LMHA on the completeness of the provider network, problems that require LMHA intervention and opportunities for improving or expanding the network. In assembling the network, the LMHA shall seek to offer clients a choice of qualified providers to the maximum extent possible by following an "any willing provider model," as long as those providers meet minimum standards. LifePath currently has a PNAC for IDD services, and may combine these sometime after the new LMHA is more experienced on the behavioral health planning activities.

E. Utilization Management (UM)

As defined in the DSHS Performance Contract Notebook, the LMHA would implement a UM program based on the Texas Resiliency and Recovery UM Guidelines. The LMHA UM program would address, at a minimum, the suitability of eligibility and level of care determinations, exceptions or overrides to service authorizations related to clinical appropriateness and documentation in records, over- and under-utilization, appeals and denials, fairness and equity, and cost effectiveness. The LMHA will comply with all SUD UM requirements.

F. Reporting (Performance, Financial, Outcomes)

The LMHA will utilize all State required data reporting systems. LifePath currently utilizes Clinical Management for Behavioral Health Services (CMBHS) by batching data as required in the current BHO contract. This experience will enable us to expand the use of CMBHS to meet the full reporting requirements as set out in the Performance Contract Notebook and related documents.

Also, the LMHA will collect, enter, and submit information as required in the CARE and Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) systems. Currently, the LifePath LMHA staff utilize these data systems and the LMHA at LifePath would develop a process for accessing these data systems and training key staff in utilizing these systems. Quarterly financial reporting will be completed as required, by submitting Report III in the CARE system, in accordance with the General Provisions for the Department of State Health Services Mental Health Contracts. The LMHA will submit all additional financial and performance reports as required, including, but not limited to Report IV on the local match, family size and income reports, and the budget for the LMHA.

The LMHA will also participate in and report under the requirements for SUD performance measures and utilization management activities. While data collection, management, and reporting processes will increase, LifePath is prepared to expand its data collection and reporting capacities, and to adjust its accounting systems to document and report as required by the state. LifePath has experience with the IDD services requirements, and familiarity with the mental health and SUD service system requirements, and is capable of and willing to meet all reporting requirements.

VII. Anticipated Transition Process

The Core Transition Team includes three expert consultants who will continue to organize, convene, and facilitate planning meetings to engage new and existing stakeholders in the process of transition. Following approval of this Preliminary Plan we will continue to work with these consultants through the next stages of planning a robust, responsive, innovative, and open system of care. Our understanding of timelines provides us with six to seven months of working together to craft a truly local community plan.

A. Formulating partnerships

Our Core Transition Team has begun to open lines of communications with healthcare systems outside of the NorthSTAR program, and with professional organizations, social service agencies, and local advocacy organizations. We will increase our networking activities across the Collin County community, and expand participation in our open meeting series scheduled to begin March 27, 2015. Existing Collin County NorthSTAR providers will be meeting twice monthly beginning in March 2015. Our law enforcement and family/consumer planning groups will also be meeting regularly. Other partnerships will include organizations noted in earlier sections of this preliminary plan.

Our transition team consultants, who also manage Collin, Rockwall and Grayson County 1115 Waiver projects, are in communications with the Dallas transition team on several aspects of planning at this early stage of the process. Following approval of the Preliminary Plan however, we will engage more fully with our colleagues in contiguous LMHAs to plan together how to ensure continuity of care, reciprocal agreements for clients who cross LMHA borders for services, and to share ideas for innovation and expansion of programs, and avoid unnecessary duplication of services.

Also, LifePath has existing agreements with UT Southwestern, Collin County Adult Clinic, Collin County's Adult Probation, Drug and Teen Courts, and Managed Care Counsel, several school districts, local colleges, Metrocare for pharmacy services, Helen Farabee Center for the Medical Director, and Child Protective Services. Based on input from community stakeholders and a plan to gain the greatest efficiencies, LifePath will continue to explore new partnerships to perform selected provider and authority functions.

B. Negotiating contracts for services

Currently there are VO contracts with four specialty network providers in Collin County, a large number of contracts with individual providers, and other services are contracted to Dallas based providers, such as transportation, emergency services, case management and some post-incarceration services, that serve residents of Collin County. A number of other services are retained by VO such as the OSAR process, and some authority functions. Current NorthSTAR network providers in Collin County subcontract to other network providers for certain services including for example, laboratory services, pharmacy services, bi-lingual translation services, and medical director functions. As the current IDD Authority, LifePath alone contracts with over 300 individuals and companies.

Under VO authority, proprietary contracts have clouded transparency expected in a public system, and impeded provider collaboration. A new Collin County LMHA will restore transparency in seeking providers and establishing contractual relationships. As the proposed LMHA, LifePath has extensive experience developing, negotiating,

managing and monitoring contracts. Future contract negotiations would focus on meeting requirements of funding sources and internal quality assurance policies.

C. Utilization Management (UM) systems

UM will be essential for success of the new system. During the planning process, LifePath would evaluate the merits of performing versus outsourcing various authority functions. For example, LifePath might consider a hybrid program similar to the model of the East Texas Behavioral Health Network, for basic UM systems, and retaining responsibility for managing outliers to the standard LOC guidelines. Keeping the responsibility for the more complex or clinically ambiguous cases in-house, the LMHA for Collin County would have “boots on the ground” for conducting concurrent chart reviews, face to face discussions with the clients’ clinical team and ability to better recognize and act on information not generally used in the standard UM process.

D. Challenges and Opportunities

Immediately following approval of the Preliminary Plan for Collin County, we will begin in earnest on a six month planning process. Our Core Transition Team will be working closely with stakeholders and interested other constituents to clarify priorities with the best available data in a participatory planning process. This process will help us to delineate in a final plan, the goals that will guide the enhancement and expansion of indigent behavioral health care in Collin County. This opportunity to take a fresh look at our local behavioral health system has encouraged our stakeholders and other partners to identify and pursue common goals in innovation and expansion of locally accessible and integrated behavioral and primary healthcare services.

We expect to face unforeseen challenges and to embrace perhaps unforeseen opportunities. Our current list of challenges and opportunities is provided below.

Challenges we have identified include but are not limited to:

- Making decisions about which Authority functions to retain and which can be contracted
- Establishing effective cooperation agreements between a new LMHA and Dallas County based providers
- Coordinating between Medicaid and Indigent Care programs when eligibility changes
- Creating new local emergency and inpatient programs and facilities.
- Increasing SUD treatment options.
- Implementing administrative systems for authority functions in both mental health and SUD
- Guarding against waiting lists
- Coordinating with other systems of care such as the Veteran’s Administration, Social Security, non-network providers and resources

Opportunities we have identified include but are not limited to:

- Convening stakeholders around common goals
- Innovating and developing a more robust system of resources for behavioral healthcare locally
- Accessing funding sources heretofore inaccessible to Collin County
- Improved coordination and reduced duplication of services among providers
- Closer working relationships with other agencies and resources such as the Department of Assistive and Rehabilitative Services (DARS)

VIII. Assurances and Endorsements

A Compliance with requirement that providers serve both indigent and Medicaid populations No contracts will be let with providers that do not serve both indigent and Medicaid patients/clients.

B Compliance with State methodology for quantitative goals (persons served and performance measures) The LMHA will comply with the State methodology for persons served and performance goals as stated in the Performance Contract Notebook and associated documents. Specifically, the LMHA will be implementing performance targets in all provider contracts to ensure overall performance targets are met for the area. A specific plan for how the service targets will be divided among providers will be developed over the next several months in collaboration with the providers.

C Compliance with reporting Please see reporting section VI. F.

D Compliance with other relevant State or Federal requirements

As the proposed LMHA for Collin County, LifePath Systems assures that it will cooperate and comply with all requirements of the State of Texas for contracting, managing, monitoring and delivering behavioral health services to covered populations. The new LMHA will comply with State methodologies for quantitative goals and reporting, and with all other relevant State and Federal requirements.

The Core Transition Team includes

Keith Self, Collin County Judge,
Commissioner Cheryl Williams, Collin County Precinct 2
Bill Bilyeu, County Administrator
des Angles Crusier, PhD, MPA
Leigh Hornsby, PhD, M.C.M.
Claudia Coggin, PhD, MS, CHES

With the state's approval of this Preliminary Plan,
Randy Routon, PhD Chief Executive Officer, LifePath Systems will join the Core Transition Team.

THIS PAGE WILL BE REPLACE WITH THREE ATTACHMENTS

IX. Signature Pages

Attachments 1 and 2

- A. Collin County Commissioners Resolution: date
- B. LifePath Systems Board of Trustees Resolution: date

ATTACHMENT 3

- Letters of working agreement
 - Child and Family Guidance Centers
 - Life Management Resources